## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Atty.'s Docket: RUSSELL-4

Registration No. 33,949

In Re Application of:							Co	Confirmation No.: 7819					
James A. RUSSELL et al.							Ar	Art Unit: 1634					
Application No.: 10/591,224							E×	Examiner: Katherine D. SALMON					
I.A. Filing Date: March 4, 2005							Washington, D.C.						
For: Toll-Like Receptor 2 (TLR-2) Haplotypes Predict Outcome of Patients							Date: October 25, 2010						
Custo Rando 401 D	Patent and Tradema mer Service Window olph Building, <b>Mail S</b> Julany Street ndria, VA 22314	v	NDMENT_										
Sir:													
Subst [XX]	Fransmitted herewith titute Declaration is Small Entity Status: No additional fee is The fee has been ca	n the abov Applicant required.	e-identified appli t(s) claim small e	cation.				OS), Supplement	al IDS	with :	<u>2 reference</u>	<u>S,</u>	
	(Col. 1) (Col. 2) (Col. 3)						SMALL ENTITY			OTHER THAN SMALL ENTITY			
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA EQUALS		RATE		ADDITIONAL FEE	OR		RATE	ADDITIONAL FEE	
TOTAL	_ * 21	MINUS	** 36	0		x 26		\$		х	52	\$	
INDEP	· * 3	MINUS	*** 5	0	_	x 110		\$		x	220	\$	
FIRST	PRESENTATION OF	MULTIPLE	DEP. CLAIM			+ 195		\$		+	390	\$	
*** [XX]	If the "Highest Number Previously Paid for" IN THIS SPACE is less than 3, write "3" in this space.  The "Highest Number Previously Paid For" (total or independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment of the number of claims originally filed.  X] Conditional Petition for Extension of Time  If any extension of time for a response is required, applicant requests that this be considered a petition therefor.												
	[ ] Less fees (\$	) alrea	ady paid for mo	nth(s) extensi	ion of time o	n							
[ ]	] Please charge my Deposit Account No. 02-4035 in the amount of \$												
[XX]	X Payment in the amount of <u>\$555.00</u> will be made using the online filing system.												
[ ]	] Credit Card Payment Form, PTO-2038, is attached, authorizing payment in the amount of \$												
[ ]	A check in the amount	of \$	is attach	ied (check no	. ).								
	The Commissioner is I overpayment to Deposion any Extension of Time CFR §1.16 and all paters and all paters are sunder 37 CFR §1	sit Account N fee, not cov ent processi	No. 02-4035. This avered by check or s	authorization a pecific author	and request rization, but i	is not limited is also inten	d to pa ded to	ayment of all fees as include all fees for	ssociated the pres	d with entati	this commun on of extra cl	nication, including laims under 37	
								OWDY AND NEI		, P.L	L.C.		
	Facsimile: (202) 737-3528 Telephone: (202) 628-5197							/Shmuel Livna Shmuel Livnat	at/				